Transgender Health
Volume 8, Number 4, 2023
© Mary Ann Liebert, Inc.
DOI: 10.1089/trgh.2023.29001.editorial

Open camera or QR reader and scan code to access this article and other resources online.

EDITORIAL STATEMENT

# Editor's Statement: Using Misinformation to Harm LGBTQ People Is Not New

Robert Garofalo[1,2,*]

Twenty-five years ago, I published my first data-driven academic article in the journal *Pediatrics*.[1] Using a school-based sample of youth, we found that in comparison with their peers, gay, lesbian, and bisexual teens were more likely to be harassed at school and engage in behaviors that might endanger their health such as attempting suicide and sexual risk. It was 1998, and I was a second-year fellow just beginning a career as a pediatrician. To this day, that article is among the most cited studies published regarding the health of LGBTQ youth.

Shortly after its publication, I was surprised to see a full-page paid advertisement in newspapers across the United States from a coalition of religious ministries.[2] The advertisement cited and misrepresented my research, pathologizing LGBTQ youth and promoting conversion therapy.

The advertisement stated that "homosexual behavior is not healthy" and endorsed "speak[ing] against homosexual behavior" as an act of love. When citing my study, the advertisement stated that studies "show a high degree of destructive behavior among homosexuals," and, in contrast to the actual findings, concluded by saying "it's not lack of acceptance…it's behavior—the visible response to a broken heart."[2]

I was horrified. How could my research and data be distorted to profess something untrue and misaligned with both my personal beliefs and science?

I countered the false narrative and spoke out. I reiterated that risk behaviors among LGBTQ youth more likely resulted from growing up in a culture that was unaccepting of who they are. I said then, what I believe now: LGBTQ youth need love, support, and acceptance, not misinformation and hate thinly veiled as compassion.

Back then, speaking out, dispelling misinformation, and telling the truth mattered—and it matters now.

This past year, I have again been horrified as similar tactics have been employed in multiple forms of media and in state legislatures across the United States targeting transgender young people.[3] In truth, these efforts are just the latest attempt to distort science and disseminate misinformation to dehumanize the most vulnerable members of our community, to demonize and deny the provision of gender-affirming care, and to bar transgender youth from using public restrooms aligned with their gender identity. Although the strategy is not new, this attempt is highly organized, pervasive, and well funded.

It is also decidedly crueler and more dangerous as social media doxing and threats of violence have largely silenced pediatricians and have stoked fear among pediatric health care institutions about how best and whether to respond.

However, history reminds us that there is a price to pay for silence. So, with that in mind, this is the truth: more than 25 of the most respected and leading medical organizations recognize the necessity of medical treatment for gender dysphoria[†] and acknowledge that access to gender-affirming care for gender diverse youth and transgender adolescents is best practice and saves lives. This includes the American Medical Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry.[4,5]

Like many other areas of health care, gender-affirming care is complex and highly individualized. It is universally informed by the best available medical evidence. Does that mean that medical science has all the answers? It does not. However, complexity and

[†]A state of severe distress or unhappiness caused by feeling that one's gender identity does not match one's sex assigned at birth.

[1]Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, Illinois, USA.
[2]Department of Pediatrics, Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA.

*Address correspondence to: Robert Garofalo, MD, MPH, Division of Adolescent and Young Adult Medicine, Ann & Robert H. Lurie Children's Hospital of Chicago, Chicago, IL, USA.

unanswered scientific questions are the norm in many areas of medical care and should not be used to justify banning health care. Rather, they should be used to justify the need for additional resources and to justify investment in continuing rigorous scientific research to better understand patient outcomes and the health care needs of transgender youth and their families. Like every other aspect of medicine, as the science evolves and the evidence-base grows, the care will improve as a result.

We need to remind ourselves that gender-affirming care is grounded in a broadly held belief that access to health care is a basic human right and that health care decisions should be made by shared decision making after thoughtful, fully informed, and collaborative discussions between adolescents, parents and guardians, and health care providers, not decided upon or regulated by the state and certainly not prohibited or only available based upon state of residence.

Missing from current discussions on gender-affirming care is an acknowledgment of the real costs associated with health care denial and the consequences of untreated gender dysphoria. We who care for gender diverse young people and their families know the truth. We know those costs are too high and the consequences, which include the potential for severe emotional and psychological distress, unacceptable.[6]

So, 25 years have passed. I am now the editor-in-chief of the journal *Transgender Health*. My career seems closer to its end than its beginning. However, we find ourselves in an all too familiar fight: one in which the messages, the solutions, and the path forward remain the same. The stakes are higher than ever. Young people need acceptance and support to live their best lives. They need health care informed by science and centered in principles of public health and human rights. They do not need restrictive health care legislation based on misinformation run amuck.

Lives literally depend on it.

## References

1. Garofalo R, Wolf RC, Kessel S, et al. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. Pediatrics 1998;101(5):895–902; doi: 10.1542/peds.101.5.895
2. The LA Times (LA, CA) 1998-07-27 gay cure full page ad. The Los Angeles Times: Los Angeles, CA; July 27, 1998. Available from: https://www.newspapers.com/article/29863090/the_la_times_la_ca_19980727_gay_cure/ [Last accessed: June 7, 2023].
3. Lepore C, Alstott A, McNamara M. Scientific misinformation is criminalizing the standard of care for transgender youth. JAMA Pediatr 2022;176(10):965–966; doi: 10.1001/jamapediatrics.2022.2959
4. Transgender Legal Defense & Education Fund, Inc. Medical Organization Statements. New York, NY; n.d. Available from: https://transhealthproject.org/resources/medical-organization-statements/ [Last accessed: June 8, 2023].
5. GLAAD. Medical Association Statements Supporting Trans Youth Healthcare and Against Discriminatory Bills. New York, NY; 2021. Available from: https://glaad.org/medical-association-statements-supporting-trans-youth-healthcare-and-against-discriminatory/ [Last accessed: June 8, 2023].
6. Strand NK, Jones NL. Invisibility of "gender dysphoria." AMA J Ethics 2021;23(7):E557–E562; doi: 10.1001/amajethics.2021.557

—Robert Garofalo, MD, MPH
Editor-in-Chief, *Transgender Health*

**Cite this article as:** Garofalo R (2023) Editor's statement: using misinformation to harm LGBTQ people is not new, *Transgender Health* 8:4, 300–301, DOI: 10.1089/trgh.2023.29001.editorial.